

## **Enhanced Residential Living**

### **Service Definition (Scope):**

Enhanced Residential Living (ERL) consists of supports and services provided to a waiver participant age 18 and older for up to a full day (24 hours) that are designed to assist the individual in developing and maintaining independent living skills that lead to maximum self-sufficiency and are based on the individual's goals, interests and assessed needs. ERL supports and services are designed to help individuals acquire and enhance skills essential to live independently in their communities with the use of natural and paid supports. Services and supports are directed at the achievement of full community integration and participation. Services and supports will focus on the development of independent and adaptive living skills, and shall be provided in the environment (location) most appropriate to learning and practicing the skill. This may include but is not limited to the community and/or the individual's home.

### **Individuals Eligible for ERL Services:**

An individual's eligibility to receive a service is dependent on a determination that the individual needs the service, based on assessment criteria defined by the State. The criteria are consistently applied to all waiver enrollees. Additionally, Individual Support Teams (IST) must demonstrate that available Medicaid State Plan benefits are not able to meet an individual's needs.

Individuals enrolled in this service must be able to live independently with supports and to share staffing with other participants living with them in the same residential setting. Participants must demonstrate that 1:1 staffing is not required at all times during the day, that they are able to be in the community with minimal supports, and are able to demonstrate this through the application of independent living skills, including community access, and/or employment.

Individualized Support Teams (ISTs) must provide justification in the Individual Support Plan (ISP) that Remote Support Technology is not appropriate to meet the individual's needs before other services and supports are recommended.

### **Reimbursable Activities:**

All Reimbursable activities must relate to an identified need as determined by the Individualized Support Team. These services and supports are designed to complement natural supports and/or to assist with developing natural supports. Natural supports may include friends, family, community members, and coworkers.

- The services and supports provided must be based on the individual's service plan, including goals that are identified through the use of Person Centered Planning tools such as Important To/Important For; Like and Admire; Good Day/Bad Day; One Page Profile; and the Relationships Map; and other goals that support the individual to achieve a meaningful and good life
- Services and Supports may include activities directed at developing skills in the areas identified in the PCP. These areas of direct skills training, supervision, and/or teaching may include:

- Access to the larger community (i.e. shopping, attending religious services, activities with family and friends in the community, education and training on where to find information about community activities)
- Employment training and support that would allow opportunities for integrated employment
- Nutrition and meal preparation (i.e. preparing meals that align to the individual's dietary needs, education and training on shopping to prepare for meals, training of meal etiquette when sharing a household with others)
- Personal care (i.e. daily hygiene training, training on laundry skills, etc.)
- Self-advocacy- training and support on expression of ones needs and preferences
- Training and support to ensure that the individual has the skills to control his/her personal resources (i.e. manage a checking or savings account or other means to control his/her funds, payment of household bills etc.)
- Provision of transportation necessary to implement the goals in the individual's Medicaid Waiver service plan. This includes, but is not limited to, transportation (or assistance with transportation) needed to ensure full access to the community and support the individual's community integration goals as outlined in the ISP.
  - Provision of transportation to community employment and employment activities and/or community volunteerism will be reimbursable under Community Employment Transportation.
- Use of Remote Support Technology in lieu of face to face support
- Management and facilitation of medical and wellness coordination services, a wellness coordination plan, and the medical services required to manage his/her healthcare needs in order to ensure healthy outcomes are achieved. The coordination of these activities extends beyond those services provided through routine doctor/health care visits required under the Medicaid State Plan and are specifically designed for participants requiring assistance of an RN/LPN to properly coordinate their medical needs. Coordination of health care needs by the RN/LPN provider must include, but is not limited to the following:
  - Attendance at, or providing updates on, physician appointments
  - Medication management and monitoring
  - Maintenance of the individual's health record
- Coordination of health care services by the RN/LPN provider must include, but is not limited to the following:
  - Creation and implementation of Risk Plans.
  - Development, oversight and maintenance of a Wellness Plan (Wellness Plan may include Risk Plans).
  - Oversight and maintenance of Risk and Wellness Plans which includes:
    - Training of Direct Support Professionals to ensure proper implementation
    - Consultation with the individual's health care providers
    - Face to face consultations with the individual at a frequency described in the support plan
    - Consultation with the individual's support team
    - Active involvement at all team meetings, reporting on the Wellness Plan as it relates to the individual's needs

- Provision of wellness data as required by BDDS Policy.

**Specify applicable (if any) limits on the amount, frequency or duration of this service:**

- An individual enrolled in ERL must be present and receive services for at least a portion of the day the provider bills for ERL service

**Limitations:**

- The provision of additional services and supports must be clearly defined in the service plan and not be redundant to the ERL scope. Other authorized services should be consistent with identified goals and needs and have a defined focus.
- Providers will not be reimbursed separately for Remote Support Technology services for individuals receiving ERL Services. Remote Support Technology is built into the ERL rates. Providers must adhere to all Remote Support Technology Service Standards as defined within the Remote Support Technology Service Definition. (Service Standards are found in the DDRS Waiver Manual)
- Providers may not bill for ERL reimbursement for time when staff/paid caregiver is asleep. Only awake, engaged staff can be counted in reimbursement.
- Providers may not bill for ERL reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable ERL activity.) ERL Services can be billed the day of a hospital admission and the day of discharge from a hospital if services are provided on those days; however, ERL cannot be billed for other days the individual is hospitalized, even if the ERL provider provided services in the hospital setting such as “sitter” services.
- Non-Medical Transportation may not be authorized on the individual’s plan of care as a separate service if receiving ERL.
- Transportation to and from medical appointments, or other transportation services covered under the Medicaid State Plan are not billable under ERL
- Wellness Coordination may not be authorized on the individual’s plan of care if receiving ERL as a separate service.
- Individuals receiving Enhanced Residential Living cannot receive more than 10 hours per month of Community Habilitation Individual (CHIO) services from their Enhanced Residential Living provider.

**Activities Not Allowed:**

In addition to provisions already listed in the waiver:

- The concurrent provision of two authorized services for the exact time period in a day
- Replacement of natural supports with paid supports cannot be done merely for the convenience of the provider. A clear, person-centered reason must be documented in the service plan along with efforts being made to return to natural supports.
- Reimbursement is not available through ERL in the following circumstances:
  - Services furnished to a minor by the parent(s), step-parent(s), or legal guardian
  - Services furnished to a participant by the participant's spouse

- Services to individuals in Structured Family Caregiving services
- Services that are available under the Medicaid State Plan
- Reimbursable any waiver funded services furnished to adult waiver participant(s) by any combination of relative(s)\* and/or legal guardian(s) may not exceed a total of 40 hours per week.

\* Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

- 1) Aunt (natural, step, adopted)
- 2) Brother (natural, step, half, adopted, in-law)
- 3) Child (natural, step, adopted)
- 4) First cousin (natural, step, adopted)
- 5) Grandchild (natural, step, adopted)
- 6) Grandparent (natural, step, adopted)
- 7) Nephew (natural, step, adopted)
- 8) Niece (natural, step, adopted)
- 9) Parent (natural, step, adopted, in-law)
- 10) Sister (natural, step, half, adopted, in-law)
- 11) Spouse (husband or wife)
- 12) Uncle (natural, step, adopted)

**Service Delivery Method:**

- ✓ Provider managed

**Specify whether the service may be provided by:**

- ✓ Legally Responsible Person
- ✓ Relative
- ✓ Legal Guardian

**Provider Specifications for Service**

Provider Category

- ✓ Agency

Provider Type:

- ✓ FSSA/DDRS Approved ERL agencies

**Provider Qualifications:**

Pursuant to Indiana Regulation 460 IAC-614-4, the frame work upon which providers of ERL training requirements are based consist of:

- 1) Respecting the dignity of an individual
- 2) Protecting an individual from abuse, neglect, and exploitation
- 3) Implementing Person Centered Planning and the ISP; and
- 4) Communicating successfully with an individual

The BDDS requires that each provider designate one or more staff positions—with essential knowledge, skills and abilities--to be responsible for implementing a staff training program. The approved trainer must have a minimum of 3 years of experience providing direct supports or specific expertise/certification in the subject matter.

Documentation that the following training requirements have been met must be maintained and able to be produced at the request of the state or its contracted agents:

1. Prior to working with an individual participant, employees in direct support position have received training on:
  - a. Training needed to address the unique support needs of the individual as detailed in their Individualized Support Plan
  - b. Training on implementing the individual service plan (ISP)
  - c. Professional skill development (designing goals, communication skills, etc.)
  - d. Behavioral Intervention Skill Development
  - e. Training on providing a healthy and safe environment
  - f. Education and training on how to manage individual-specific treatments and interventions, including management of an individual's seizures, behavior, medication side effects, diet and nutrition, swallowing difficulties, emotional and physical crises and significant health concerns.
2. Each residential staff person will complete an orientation in each home at which he/she works.
3. Training will be conducted by a designated co-worker or supervisor and will be a minimum of 20 hours of training prior to beginning work independently in a participant's home. Documentation of the training will be placed in the employee's personnel file and available for audit purposes upon request.
4. Direct Support Professionals will shadow experienced workers (will not work alone) until such time as the Agency Provider determines the staff persons are competent—based on on-the-job training pertinent to the services they will be providing.
5. Enrolled as an active Medicaid provider
6. Must be DDRS-approved
7. Must comply with Indiana Administrative Code, 460 IAC 6 and any applicable BDDS service standards, guidelines, policies and/or manuals, including DDRS waiver manual

In accordance with Indiana Code [IC 12-11-1.1-1], Supported Living providers must be accredited by at least one (1) of the following organizations:

- The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor
- The Council on Quality and Leadership in Supports for People with Disabilities, or its successor
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor
- The National Committee for Quality Assurance, or its successor
- The ISO-9001 human services QA system
- The Council on Accreditation, or its successor
- An independent national accreditation organization approved by the secretary

**Documentation Standards:**

A minimum of one daily note for each day the individual is present and receiving ERL services, with appropriate elements, documenting one or more distinct actions or behaviors as outlined in 'Reimbursable Activities' per individual served is required to support the billing of ERL Services. The ERL Service provider must be able to demonstrate through relevant time keeping records or other similar documentation which staff members were working during the ERL Service provided upon audit, or upon request by the State of Indiana or its contracted agents.

**ERL Documentation must include:**

- All Documentation must be in compliance with 460 IAC 6
- Documentation of Services rendered as outlined in the Individualized Support Plan
- Data record of service delivered documenting the complete date and time entry (including a.m. or p.m.). If the individual providing the service is required to be professionally licensed, the title of that individual must also be included. For example, if a nurse provides ERL services, the nurse's title should be included.
- Any significant issues involving the participant requiring intervention by a Health Care Professional, Case Manager or BDDS staff member
- Quarterly summaries as specified by BDDS and monthly, quarterly and/or annual outcome data as specified by BDDS
- Documentation of any transportation provided throughout the day
- Documentation of any face to face contact the participant had with an RN or LPN and any recommendations provided by that professional
- Individualized Support Teams must provide documentation at least annually demonstrating that all options for Remote Support Technology have been explored and provide written justification when it is determined Remote Support Technology is not a viable option for the individual.